PATIENT ADMINISTRATION NEWSLETTER

"Supporting Patient Care Through Administrative Processes"

ISSUE 5

MAY 2008

Points of Contact:

Admissions and Disposition
953-1519/1510/1517/1518

Medical Boards
953-6085/7525

Decedent Affairs
953-2617/2618/2777

MEDEVAC
953-1522

US Navy/Fleet Liaison
953-5919/7540/7010

US Marine Corps Liaison
953-5877

US Army Liaison
953-5534

US Coast Guard Liaison
953-7576

Medical Holding Company
953-9227

Inpatient Records
953-5414/7707/5416

Data Flow
953-7421/6175

Transcription
953-5836/1177

Tumor Registry
953-9372/7011/5307

Outpatient Records
953-2583/2584/2577

Staff Records
953-2590/2588/5072

HIPAA Security Officer
953-0094

HIPAA Privacy Officer
953-9217

Outpatient/Physician Coding
953-9782

HIPAA

A major purpose of the HIPAA Rules is to define and limit the circumstances in which an individual's protected heath information (PHI) may be used or disclosed by covered entities. A covered entity may not use or disclose PHI, except either: (1) as the Privacy Rule permits or requires; or (2) as the individual who is the subject of the information (or the individual's personal representative) authorizes in writing.

Treatment, Payment, Health Care Operations

A covered entity may use and disclose protected health information for its own treatment, payment, and health care operations activities. A covered entity also may disclose protected health information for the treatment activities of any health care provider, the payment activities of another covered entity and of any health care provider, or the health care operations of another covered entity involving either quality or competency assurance activities or fraud and abuse detection and compliance activities, if both covered entities have or had a relationship with the individual and the protected health information pertains to the relationship.

National Security Personnel System

Did you know?

-NSPS is designed for "Pay For Performance"?

-178 civilians converted to NSPS on 16 March 2008?

-Objectives can only be 1000 keystrokes or less?

-Everyone who gets an average score of 3 gets an award?

-Awards will be given by either a salary increase or a one-time bonus?

-NSPS employees will be given at least 60% of the increase, along with awards, if they are entitled to one?

History of Memorial Day

Memorial Day, originally called Decoration Day, is a day of remembrance for those who have died in our nation' service. Memorial Day was officially proclaimed on 05May1868 by General J. Logan, national commander of the Grand Army of the Republic, in his General Order No. 11, and was first observed on 30May1868, when flowers were placed on the graves of Union and Confederate soldiers at Arlington National Cemetery.

Welcome Aboards, Farewells & BZ's

Welcome to...

Mr. James McClain- Admissions & Dispositions

Mrs. Daaiyah Gonzalez—Admissions & Dispositions

Sonya Marsh– Admissions & Dispositions

Farewell to...

LTJG Teresa Youshock (DIVO)- Sewells Point Branch Health Clinic

Ms. Bettie Trent (Transcription) - Sewells Point Branch Health Clinic

HN Shaulaunda Davis (Outpatient Records) - FMSS, Camp Lejeune, NC

HM3 John Scott (Outpatient Records) - Dive Med School, Panama City, FL

HN Robert Brande (Tumor Registry) - Dive Med School, Panama City, FL

HN Hammer (Outpatient Records) - Deployment to Iraq

BZ to...

Ms. Carol Mitchell (Medical Boards)- Congratulations on receiving a coin from RADM Nathan for your assistance with NMPS

Ms. Patricia Rountree (Inpatient Records) - for your excellent customer service as demonstrated by the received letter

HN Patricio Valle - Congratulations to HN Valle on his recent selection to the U.S. Navy's elite Basic Underwater Demolition School - AKA BUDS - "Hoo-YAH"

"We cherish too, the Poppy red that grows on fields where valor led, it seems to signal to the skies that blood of heroes never dies"
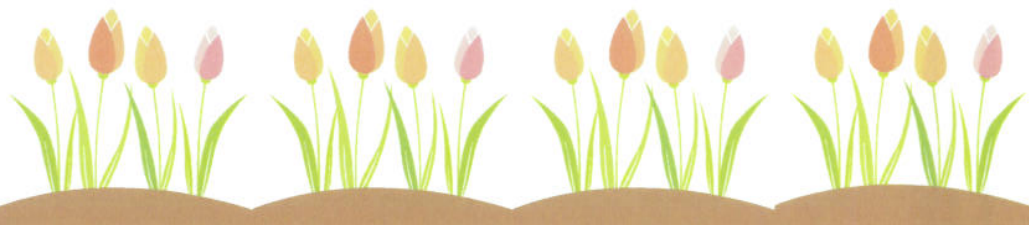
Spotlight on Outpatient Records

Use of the Health Record

Health Records today may be either a paper record or a computer-based medical record (AHLTA), and in some cases are both. Different medical reports are in CHCS and AHLTA that can be printed out and put into the paper record. Medical reports such as Laboratory and Radiology reports are printed and placed into the record upon a provider's request, or when the record is transferred from the local area to another MTF.

The purpose of the medical record is to provide an individual chronological record of medical treatment afforded members of the naval service. The record has significant current and long-term medical/legal value to the individual concerned, their survivors and the U. S. Government. Medical and occupational health examinations, evaluations, and histories, as well as evaluation of illnesses and subsequent treatments, are documented in this record.

Medial records are used to plan patient care and evaluate the patient's condition and treatment. This record furnishes documentary evidence of the course of the patient's medical evaluation, treatment, and change in condition during treatment so other providers may assist in medical care as needed.

The Outpatient Records room has the responsibility to ensure the documents are put into the member's paper record on file, and to furnish the medical record for the clinic appointments, or upon the doctor's request.

Future Publications

August 2008

November 2008

February 2009

May 2009

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Coding 101

When Is a Query Appropriate?

Physicians should be queried whenever there is conflicting, ambiguous, or incomplete information in the medical record regarding any significant reportable condition or procedure. Querying the physician only when reimbursement is affected will skew national healthcare data and might lead to allegations of upcoding.

Every discrepancy or issue not addressed in the physician documentation should not necessarily result in the physician being queried. Insignificant or irrelevant findings may not warrant querying the physician regarding the assignment of an additional diagnosis code. Also, if the maximum number of codes that can be entered in the hospital information system has already been assigned, the facility may decide that it is not necessary to query the physician regarding an additional code. Some examples of conditions that often require physician clarification are anemia, septicemia, and respiratory failure.